



NORTH CAROLINA STATE BOARD OF ELECTIONS
AND ETHICS ENFORCEMENT
2018 STATEMENT OF ECONOMIC INTEREST

919-814-3600

www.ncsbe.gov/Ethics/SEI

COMPLETE THIS FORM AND MAIL SIGNED, ORIGINAL TO
STATE ETHICS COMMISSION, 1324 MAIL SERVICE CENTER, RALEIGH, NC 27699-1324

| | | | | |
|--|-------------------|--|------------------|---------------|
| FILER'S NAME (FIRST, MIDDLE, LAST) | | | | |
| Prefix | First Name | Middle Name | Last Name | Suffix |
| Mr. | Carson | Henry | Smith | Jr. |
| CURRENT EMPLOYER | | JOB TITLE | | |
| Pender County | | Sheriff | | |
| NATURE OR TYPE OF BUSINESS | | | | |
| Law Enforcement | | | | |
| REASON FOR FILING (SELECT ALL THAT APPLY) | | | | |
| STATE GOVERNMENT JOB (Specify Agency) | | BOARD/COMMISSION (List complete name of all State boards on which you are serving or are being considered) | | |
| | | | | |
| JUDICIAL OFFICER (Specify Office) | | LEGISLATOR (Specify House or Senate) | | |
| | | House of Representatives | | |

A. Do other immediate family members reside in your household?

Yes No

When used throughout this form, the term **Immediate family** includes your spouse (unless legally separated). It also includes members of your extended family (your and your spouse's children, grandchildren, parents, grandparents, and siblings, and the spouses of each of those persons) **who reside in your household**.

List the full name of **all adults** and **emancipated minors** in your household. A minor is a child under 18 years old. Minors are emancipated by marriage, enlistment in the US military, or court order for emancipation.

| FULL NAME OF ADULTS & EMANCIPATED MINORS | RELATIONSHIP | EMPLOYER | JOB TITLE | NATURE OF BUSINESS |
|---|--------------|--------------------------|-----------|-----------------------|
| Jennifer Leigh Smith | Spouse | Pender Memorial Hospital | Nurse | RN |

B. List **ONLY the initials** of all **unemancipated minors** in your household below. A minor is a child under 18 years old.

Note: You must list the full name of each minor child on the Confidential Form available at the end of this document.

| INITIALS FOR UNEMANCIPATED CHILDREN | RELATIONSHIP | EMPLOYER | JOB TITLE | NATURE OF BUSINESS |
|---|--------------|----------|-----------|-----------------------|
| | | | | |
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PROPERTY INTERESTS

1. As of December 31, 2017, did you, your spouse, or members of your immediate family:

A. Have an ownership interest in North Carolina real estate (including your residence) with a market value of \$10,000 or more?

Yes No

| Owner of Real Estate | % Ownership Interest | Location by City | Location by County |
|----------------------|----------------------|------------------|--------------------|
| Carson H Smith Jr | 100 | Hampstead | Pender |

B. Lease or rent real estate or personal property to or from the State of North Carolina with a market value of \$10,000 or more?

Yes No

| Name of Lessor | Name of Lessee (Renter) | If Real Estate, Location by City & County | If Personal Property, Describe |
|----------------|-------------------------|---|--------------------------------|
| | | | |
| | | | |
| | | | |

2. At any time during 2016 or 2017 , did you, your spouse, or members of your immediate family sell to or buy from the State of North Carolina personal property with a market value of \$10,000 or more?

Yes No

| Name of Purchaser | Name of Seller | Type of Property |
|-------------------|----------------|------------------|
| | | |
| | | |
| | | |

FINANCIAL INTERESTS

3. As of December 31, 2017, did you, your spouse, or members of your immediate family own any of the following financial interests valued at \$10,000 or more? LIST EACH COMPANY INDIVIDUALLY

A. Stock in a publicly owned company?

Yes No

- Do not list ownership interests in a widely held investment fund (including mutual funds, regulated investment companies, or pension or deferred compensation plans) if: (i) the fund is publicly traded or its assets are widely diversified; and (ii) neither you nor an immediate family member are able to control the assets held in the mutual fund, investment company, or pension or deferred compensation plan.

| Owner of Interest | Full Name of Company (Do not use a ticker symbol) |
|-------------------|---|
| | |
| | |
| | |

B. Stock Options in a company or business?

Yes No

| Owner of Stock Option | Full Name of Company (Do not use a ticker symbol) |
|-----------------------|---|
| | |
| | |
| | |

C. Interests in a non-publicly owned company or business entity (including interests in sole proprietorships, partnerships, limited partnerships, joint ventures, limited liability companies, limited liability partnerships, and closely held corporations)?

Yes No If "No", proceed to question 4.

| Owner of Interest | Name of Company or Business Entity |
|-------------------|------------------------------------|
| | |
| | |
| | |

C (1). For each non-publicly owned company or business entity (the “primary company”) identified in question 3.C above, please list the names of *any other companies or business entities* in which the primary company owns securities or equity interests valued at over \$10,000, *if known*.

| Non-Publicly Owned Company or Business Entity (the Primary Company) | Other Companies in which the Primary Company Owns Security or Equity Interests |
|--|---|
| <input checked="" type="checkbox"/> None or Not Known | |
| | |
| | |
| | |

C (2). If you know that any company or business entity listed in 3.C or 3.C(1) above has any material business dealings or business contracts *with the State of North Carolina, or is regulated by the State*, provide a brief description of that business activity.

| Name of Company or Business Entity | Description of Business Activity with the State |
|---|--|
| <input checked="" type="checkbox"/> None or Not Known | |
| | |
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| | |

4. As of December 31, 2017, were you, your spouse, or members of your immediate family the beneficiaries of a vested trust with a value of \$10,000 or more that was created, established, or controlled by you?

Do not list assets held in blind trusts. See 2017 SEI Helpful Tips for the definition of “Vested Trust” and “Blind Trust.”

Yes No

| Name and Address of Trustee | Description of the Trust | Your Relationship to the Trust |
|------------------------------------|---------------------------------|---------------------------------------|
| | | |
| | | |
| | | |
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5. As of December 31, 2017, did you, your spouse, or members of your immediate family have liabilities of \$10,000 or more, excluding the mortgage on your primary personal residence? Examples include credit card debts, auto loans, student loans, personal loans and intra-family debt.

Yes No

| Name of Debtor (You, Spouse, Immediate Family Member) | Type of Creditor (Commercial Bank, Credit Union, Individual, etc.) |
|--|---|
| Carson H Smith Jr | Commercial Bank |
| Jennifer Leigh Smith | Commercial Bank |

6. List each source of income (not specific amounts) of more than \$5,000 received by you, your spouse, or members of your immediate family during 2017. Include salary, wages, state/local government retirement, professional fees, honoraria, interest, dividends, rental income, business income, and other types of income required to be reported on your State and federal tax returns.

Do not include income received from the following sources:

- ▶ Capital gains
- ▶ Federal government retirement
- ▶ Military retirement
- ▶ Social security income/SSDI

| Recipient of Income | Name of Source | Type of Business/Industry | Type of Income |
|---------------------|----------------|---------------------------|----------------|
|---------------------|----------------|---------------------------|----------------|

I had no reportable income over \$5,000 in 2017.

| | | | |
|----------------------|--------------------------|------------|--------|
| Carson H Smith Jr | Pender County | Government | Salary |
| Jennifer Leigh Smith | Trinity Grove | Healthcare | Salary |
| Jennifer Leigh Smith | Pender Memorial Hospital | Healthcare | Salary |

PROFESSIONAL AND CIVIC RELATIONSHIPS

7(a). During 2017, were you, your spouse or members of your immediate family a director, officer, governing board member, employee, independent contractor, or registered lobbyist of a nonprofit corporation or organization operating in the State of North Carolina primarily for religious, charitable, scientific, literary, public health and safety, or educational purposes?

Yes No If "No", proceed to question 8.

| ▶ Do not list State boards or entities, or entities created by a political subdivision of the State. | | | |
|--|------------------|---|---|
| ▶ Do not list organizations of which you are a mere member. | | | |
| Name of Person | His/Her Position | Name of Nonprofit Corporation or Organization | Nature of Business or Purpose of Organization |
| Carson H Smith Jr | President | North Carolina Sheriff's Association | Public Safety |

7(b). If the nonprofit corporations or organizations listed above do business with the State of North Carolina or receive State funds, please provide a brief description of the nature of that business, if known or with which due diligence could reasonably be known.

| Name of Nonprofit Corporation or Organization | Describe State Business or State Funding |
|---|--|
| <input type="checkbox"/> None or Not Known | |
| North Carolina Sheriff's Association | Administer Statewide Misdemeanor Confinement Program |
| North Carolina Sheriff's Association | Receives funds through the Governor's Crime Commission |
| North Carolina Sheriff's Association | Receives funds through the Governor's Highway Safety Program |

Please answer the following question as it pertains to the following board/agency:

House of Representatives

8. During 2017, were you, your spouse, or members of your immediate family a director, officer, or governing board member of any society, organization, or advocacy group with an interest in matters over which your agency or board may have jurisdiction?

Yes No Legislator/Judicial Officer - You are not required to complete this question if you are filing because you are a legislator or a judicial officer or you are filing as an appointee to those offices.

► Do not list organizations of which you are only a member (not serving in a leadership role).

| Name of Person | Name of Society, Organization or Advocacy Group | Leadership Position (Director, Officer, Board Member) |
|----------------|---|---|
| | | |
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9(a). List the name of each company or business with which you were associated where you or a member of your immediate family was an employee, director, officer, partner, proprietor, or member or manager as of December 31, 2017.

| Name of Person | Relationship to Filer | Name of Company | Role of Person |
|---|-----------------------|-----------------|----------------|
| <input type="checkbox"/> No Business Associations | | | |

| | | | |
|----------------------|--------|---|----------|
| Jennifer Leigh Smith | Spouse | Trinity Grove Skilled Nursing and Rehab | Employee |
| Jennifer Leigh Smith | Spouse | Pender Memorial Hospital | Employee |

9(b). If you know that any company or business entity listed in 9(a) above had any material business dealings or business contracts with the State of North Carolina or was regulated by the State as of December 31, 2017, provide a brief description of that business activity.

| Name of Company or Business Entity | Description of Business Activity with the State |
|--|---|
| <input type="checkbox"/> Not applicable (No entities listed on #9a) <input type="checkbox"/> No relationship / Not known | |
| Trinity Grove Skilled Nursing and Rehab | Regulated by the State |
| Pender Memorial Hospital | Regulated by the State |

10. Are you a practicing attorney?

Yes No Judicial Officer/State Attorney

If "Yes", check each category of legal representation in which you or the law firm with which you are affiliated has earned legal fees of more than \$10,000 during 2017.

| | | | |
|---|---|---|-----------------------------------|
| <input type="checkbox"/> Administrative | <input type="checkbox"/> Admiralty | <input type="checkbox"/> Corporate | <input type="checkbox"/> Criminal |
| <input type="checkbox"/> Decedent's Estates | <input type="checkbox"/> Environmental | <input type="checkbox"/> Insurance | <input type="checkbox"/> Labor |
| <input type="checkbox"/> Local Government | <input type="checkbox"/> Real Property | <input type="checkbox"/> Securities | <input type="checkbox"/> Tax |
| <input type="checkbox"/> Tort litigation (including negligence) | <input type="checkbox"/> Utilities Regulation | <input type="checkbox"/> Other category not listed. | |

11. During 2017, were you a licensed professional (other than an attorney) or did you provide consulting services individually or as a member of a professional association for which you charged or were paid over \$10,000?

Yes No

| Type of Business | Nature of Services Rendered |
|------------------|-----------------------------|
| | |
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Please answer the following question as it pertains to the following board/agency:

House of Representatives

12. Are you or your employer, your spouse or members of your immediate family, or their employer currently:

- Licensed by the State board or employing entity with which you are or will be associated **or**
- Regulated by the State board or employing entity with which you are or will be associated **or**
- Have a business relationship with the State board or employing entity with which you are or will be associated?

Yes No Legislator/Judicial Officer - You are not required to complete this question if you are filing because you are a legislator or a judicial officer ("judicial officer" is defined in the SEI Helpful Tips) or you are filing as an appointee to those offices.

| Name of Person | Name of Employer (if applicable) | Type of Relationship (Licensing, Regulatory, Business) |
|----------------|----------------------------------|--|
| | | |
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13. Are you, your spouse, or a member of your immediate family currently registered as a lobbyist or lobbyist principal or were you registered as such within the 12 months preceding your filing of this form?

Yes No

| Name of Lobbyist | Lobbyist's Principal | Date of Registration | Registration Expiration |
|------------------|----------------------|----------------------|-------------------------|
| | | | |
| | | | |
| | | | |

OTHER DISCLOSURES

14. During any calendar quarter in 2017 (but only the time period after you were appointed, employed or filed or were nominated as a candidate), did you

- receive any gift(s) exceeding \$200 per quarter from a person or group of persons acting together, and
- when both you and those person(s) were outside North Carolina at the time you accepted the gift(s), and
- the gift(s) were given under circumstances that would lead a reasonable person to conclude that they were given for lobbying?

Yes No

- ▶ Do not report gifts given by members of your extended family.
- ▶ Do not report gifts that have previously been reported by you to the Department of the Secretary of State on the "Expense Report for Exempted Persons."

| Date Item Received | Name and Address of Donor(s) | Describe Item Received | Estimated Market Value |
|--------------------|------------------------------|------------------------|------------------------|
| | | | |
| | | | |
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Please answer the following question as it pertains to the following board/agency:

House of Representatives

15. During 2017 (but only the time period after you were appointed, employed, or filed or were nominated as a candidate) did you

- accepted a "scholarship" exceeding \$200 from a person or group of persons acting together and
- those person(s) were outside North Carolina and
- the scholarship was related to your public position? A "scholarship" is a grant-in-aid, either direct or indirect, to attend a conference, meeting, or similar event, including tuition, travel, lodging, meals, and other similar expenses.

Yes No Judicial Officer - You are not required to complete this question if you are a judicial officer or you are filing as a judicial officer appointee.

- ▶ Do not report gifts that have previously been reported by you to the Department of the Secretary of State on the "Expense Report for Exempted Persons."
- ▶ Legislators are not required to report scholarships paid by a nonpartisan legislative organization of which the legislator or the General Assembly is a member or participant or an affiliate of that organization.

| Date of Scholarship | Name and Address of Donor(s) | Describe Event | Estimated Market Value |
|---------------------|------------------------------|----------------|------------------------|
| | | | |
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| | | | |

Please answer the following question as it pertains to the following board/agency:

House of Representatives

16. Were you appointed or are you being considered for an appointment to a covered board by the **Governor** or another Council of State member?

Council of State members are:

- Governor
- Lt. Governor
- Secretary of State
- State Auditor
- State Treasurer
- Superintendent of Public Instruction
- Attorney General
- Commissioner of Agriculture
- Commissioner of Labor
- Commissioner of Insurance

Yes No

If "Yes", list all contributions you (**NOT immediate family members**) made during 2017 with a cumulative total of more than \$1,000 to the Governor or other Council of State member who appointed you.

- Contributions are defined in N.C.G.S. 163-278.6(6) and include, but are not limited to, "any advance, conveyance, deposit, distribution, transfer of funds, loan, payment, gift, pledge or subscription of money or anything of value whatsoever."

| Date | Amount | Contributed to |
|------|--------|----------------|
| | | |
| | | |
| | | |

No contribution(s) with a cumulative total of more than \$1,000

Please answer the following question as it pertains to the following board/agency:

House of Representatives

17. Are you an appointee or prospective appointee to:

| <p>a. the head of a principal state department (e.g. cabinet secretary) appointed by the Governor; or</p> <p>b. a North Carolina Supreme Court Justice, Court of Appeals, Superior or District Court Judge; or</p> <p>c. a member of any of the following boards:</p> <ul style="list-style-type: none"> • ABC Commission • Coastal Resources Commission • State Board of Education • State Board of Elections • Division of Employment Security • Environmental Management Commission • Industrial Commission • Human Resources Commission • Rules Review Commission • Board of Transportation • UNC Board of Governors • Utilities Commission • Wildlife Resources Commission | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No", proceed to question 18. | | |
|--|--|----------------------|---------------------|
| <p>d. If so, were you appointed or are you being considered for appointment to that public position by a Council of State member? Council of State members are listed in question 16.</p> | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No If "No", proceed to question 18. | | | |
| <p>e. If so, you must indicate whether during 2017 you (not immediate family members) engaged in any of the following activities with respect to or on behalf of the candidate or campaign committee of the Council of State member who appointed you to your public position:</p> | | | |
| <p>i. Collected contributions from multiple contributors, took possession of such multiple contributions, and transferred or delivered those collected contributions to the candidate or committee? Contributions are defined in question 16.</p> | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| <p>ii. Hosted a fundraiser at your residence or place of business?</p> | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| <p>iii. Volunteered for campaign-related activities, which include, but are not limited to, phone banks, event assistance, mailings, canvassing, surveying, or any other activity that advances the campaign of a candidate?</p> | | | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| <p>18. Have you ever been convicted of a felony for which you have not received either: (i) a pardon of innocence; or (ii) an order of expungement regarding that conviction?</p> | | | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Offense | Date of Conviction | County of Conviction | State of Conviction |
| | | | |
| | | | |

19. Are you aware of any other information that *you believe* may assist the State Ethics Commission in advising you concerning your compliance with the State Government Ethics Act?

Yes No If yes, please provide such information below.

AFFIRMATION

I affirm that the information provided in this Statement of Economic Interest and any attachments hereto are true, complete, and accurate to the best of my knowledge and belief.

I also certify that I have not transferred, and will not transfer, any asset, interest, or property for the purpose of concealing it from disclosure while retaining an equitable interest.

I understand that my Statement of Economic Interest and any attachments or supplements thereto (with the exception of the Confidential Form regarding Unemancipated Children) are public record.

I acknowledge that I have read and understand N.C.G.S. 138A-26 regarding concealing or failing to disclose material information and N.C.G.S. 138A-27 regarding providing false information:

§ 138A-26. Concealing or failing to disclose material information.

A filing person who knowingly conceals or knowingly fails to disclose information that is required to be disclosed on a statement of economic interest under this Article shall be guilty of a Class 1 misdemeanor and shall be subject to disciplinary action under G.S. 138A-45.

§ 138A-27. Penalty for false information.

A filing person who provides false information on a statement of economic interest as required under this Article knowing that the information is false is guilty of a Class H felony and shall be subject to disciplinary action under G.S. 138A-45.

I Agree. It is my intention that this check box constitutes my electronic signature. By checking this box I certify that the information provided in this Statement of Economic Interest and any attachments hereto are true, complete, and accurate to the best of my knowledge and belief.

Filed Electronically

4/17/2018

Signature

Date

Carson Henry Smith, Jr.

Printed Name